COBRA Qualifying Event request form

BenefitHelp SOLUTIONS

1560 (11/23)

PLEASE PRINT CLEARLY

*** This information is mandatory.** Processing may be delayed if fields with an asterisk are not filled out.

Section 1 Group information

* Date _____ /_____ / _____	* Name
* Contact email address	

Please send a COBRA Election Notice as indicated below*

Section 2 Qualified beneficiary information

* Client name		* Client division	
* First name	M.I.	* Last name	
* Date of birth _____ /_____ / _____	* SSN or BHS Identification number	* ☐ Male ☐ Female	
* Mailing address	* City	* State	* ZIP
* Email address	* Contact phone number		

Section 3 Eligible dependents

* First name	* Last name		* Social Security number	* Date of birth	* Relationship
* First name	* Last name	☐ Male ☐ Female	* Social Security number	* Date of birth / /	* Relationship
* First name	* Last name	☐ Male ☐ Female	* Social Security number	* Date of birth _____ /_____ / _____	* Relationship
* First name	* Last name	☐ Male ☐ Female	* Social Security number	* Date of birth _____ /_____ / _____	* Relationship

Section 4 Qualifying event information

		* Original enrollment date	* Date of qualifying event	* Date coverage ends
☐ Involuntary termination ☐ Voluntary termination ☐ Reduction in hours ☐ Leave of absence	☐ Divorce** ☐ Ineligible dependent ** ☐ Death of employee ** ☐ Other **	_____ /_____ / _____	_____ /_____ / _____	_____ /_____ / _____

** Please provide additional information below if the Qualified Beneficiary experienced one of the indicated (*) Qualifying Events. If the Qualified Beneficiary is not the employee, please provide the employee name and SSN.

_____

Section 5 Qualified beneficiary plans

Plan type	Plan name	Family tier
Medical		
Dental		
Vision & RX		
FSA (amount per month)		
HRA		
EAP		

Section 6 Subsidy

Flat amount or % _____ Length of time _____ (months)

Return the completed form to BenefitHelp Solutions

Mail: BenefitHelp Solutions, PO Box 40548 Portland, OR 97240-0548

Fax: 503-765-3453 **Email:** cobraqe@benefithelpsolutions.com

Questions? Contact BenefitHelp Solutions at 888-387-5400,
Monday - Friday 7:30 a.m. to 5:30 p.m. PST.